

CTR Site Number Request Form

Please print **site name and address** where services are to be offered:

Contact person _____

Phone number: _____ **Fax:** _____

Type of setting/site: (check one)

- | | |
|---|--|
| <input type="checkbox"/> HIV CTR | <input type="checkbox"/> Prisons/Jail |
| <input type="checkbox"/> STD clinic | <input type="checkbox"/> Hospital/Private MD |
| <input type="checkbox"/> Drug treatment clinic | <input type="checkbox"/> Blood bank |
| <input type="checkbox"/> Family planning clinic | <input type="checkbox"/> Outreach/mobile |
| <input type="checkbox"/> Prenatal/OB clinic | <input type="checkbox"/> Emergency room |
| <input type="checkbox"/> TB clinic | <input type="checkbox"/> Other |
| <input type="checkbox"/> CHC/PHC | |

HIV Testing Offered: ____ Confidential ____ Anonymous ____ Both

Appointment required? Yes ____ No ____

Waiting period for appointment? _____

Hours of Operation _____

Days of Week _____

Please submit completed form to:

CTR Team
Local Prevention Services
AIDS Administration
500 N. Calvert Street, 5th Floor
Baltimore, MD 21202
Fax (410) 333-4805

FOR AIDS ADMINISTRATION USE ONLY

Site# issued _____ Date issued _____